

CITY OF EVANSVILLE **OWNER OCCUPIED** **REHABILITATION PROGRAM**

Please complete the entire application and return it to our office along with all applicable documentation.

How did you hear about the program? (circle all that apply)

Newspaper Radio Local Newsletter Utility Bill Tax Bill
Website Facebook Other: _____

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
____ YES ____ NO **(YOU MUST CHECK ONE)**

NOTE: A TYPICAL PROJECT OF ROOFING, SIDING AND WINDOWS MAY COST APPROXIMATELY \$35,000 - \$45,000. Effective immediately, all lead-based paint hazard repairs will be granted to eligible applicants and those costs will not need to be paid back.

The actual cost of each project will vary depending on the scope of work and the size of the home. The program cannot reimburse for work that has already been done.

You must income qualify for the program and there must be enough equity in the home to complete all the repairs. If you have questions regarding your available equity, please contact us prior to submitting the application.

Return application to:

City of Evansville
CDBG Rehabilitation Program
C/O Susan Maier
201 Corporate Drive
Beaver Dam, WI 53916
Phone: 800-552-6330 Fax: 920-887-4250
Email: smaier@msa-ps.com

You are not required to answer the questions below. If you choose not to answer them, please check here._____

Sex of Applicant: _____ Male _____ Female
 Head of Household: _____ Male _____ Female
 Marital Status of Applicant: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Racial/Ethnic Background, Check One:

_____ White	_____ American Indian/Alaskan Native & White
_____ Black/African American	_____ Asian & White
_____ Asian	_____ Black/African American & White
_____ American Indian/Alaskan Islander	_____ American Indian/Alaskan Native & Black/African American
_____ Native Hawaiian/Other Pacific Islander	_____ Balance of Other
_____ Hispanic	

Is this your primary residence? Yes No Are the property taxes paid up to date? Yes No

What type of property is this?

Single Family Multi-Family (# of units _____) Mobile Home (MUST be tied down and MUST own the land home is on)

Name(s) on Property Title	Date of Purchase	Year Property Built (YOU MUST PUT APPROXIMATE YEAR)

LIST ALL DEBT AGAINST PROPERTY (Example: Mortgages, Land Contract, Lines of Credit, Judgments)

Name of Lender	Loan Number	Original Amount	Balance Due	Term (# of years)	Interest Rate	Type of Loan (WHEDA, VA, Land Contract, Bank, etc.)

****If your home was purchased within the last year, please attach a copy of your appraisal.**

HOMEOWNERS INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

Address of agent: _____

In order to be eligible, your income must be below the following limits for Rock County:

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	\$45,650	\$52,200	\$58,700	\$65,200	\$70,450	\$75,650	\$80,850	\$86,100

IMPROVEMENTS NEEDED (Check all that apply)

<input type="checkbox"/>	Roof	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Interior Walls
<input type="checkbox"/>	Exterior/Siding/Painting	<input type="checkbox"/>	Furnace	<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Foundation	<input type="checkbox"/>	Doors
<input type="checkbox"/>	Wiring/Electrical	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Porch
<input type="checkbox"/>	Chimney Repair	<input type="checkbox"/>	Other (explain)		

****Only work that is considered essential and necessary will be permitted. All Lead Based Paint Hazards will need to be corrected. Hazards will be determined upon an initial project assessment of your entire home. All Lead Based Paint hazard repair costs will be granted and will not be included in your loan.**

COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE COMPLETELY

Circle Y for Yes, N for No	Income Source	Documentation Required
1. Y N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation	Will need most recent 3 months of check stubs
Start Date: _____	Employer: _____ Phone #: _____ Fax #: _____ Email address: _____ Mailing address: _____	Name _____
Start Date: _____	Employer: _____ Phone #: _____ Fax #: _____ Email address: _____ Mailing address: _____	Name _____
Start Date: _____	Employer: _____ Phone #: _____ Fax #: _____ Email address: _____ Mailing address: _____	Name _____
2. Y N	Self employed (Describe type of business) _____	Will need copies of last 3 years of Federal Income Tax Form 1040 and applicable Schedules
3. Y N	Unemployment benefits and/or Worker's Compensation.	Will need most recent 3 months of check stubs
4. Y N	Social Security, Supplemental Security Income (SSI) or Disability.	Send benefit statement

5. Y N	Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies. If yes, list sources and whose name is on account: 1) _____ 2) _____	Send most recent documentation \$ _____ \$ _____
6. Y N	Income from real or personal property i.e.: interest or dividends	\$ _____
7. Y N	Alimony/spousal maintenance payments.	Will need most recent 3 months of check stubs
8. Y N	I am entitled to receive Child Support Payments. If yes, then answer the following: <input type="checkbox"/> I am currently receiving child support payments. (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> I am not receiving any child support payments but it is court ordered that I do.	Will need last 3 months of what you have received and copy of court order \$ _____ \$ _____
9. Y N	Income from a source other than those listed above. If yes, list sources: 1) _____ 2) _____	Will need last 3 months of what you have received \$ _____ \$ _____

Circle Y for Yes, N for No	Assets	Cash Value/Balance	
10. Y N	Checking account(s). If yes, list bank(s) and the location(s): 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Will need last 6 months bank statements OR a signed statement from bank with 6 month average balance.	Name on Account _____ _____
11. Y N	Savings account(s). If yes, list bank(s) and the location(s): 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Will need most current bank statement \$ _____ \$ _____	Name on account _____ _____
12. Y N	Certificates of Deposit (CD) or Money Market Accounts If yes, list source/bank names and location: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____ 3) _____ Interest Rate: _____	Need documentation \$ _____ \$ _____ \$ _____	Name on account _____ _____ _____

13. Y N	Real Estate-Do you own rental property or land? If yes, list location and mortgage holder: 1) _____ 2) _____	\$ _____ \$ _____	Please send copy of property tax statement
14. Y N	Stocks, Bonds, or Treasury Bills. If yes, list source/bank names and location on next page: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	\$ _____ \$ _____	Name on account
15. Y N	IRA/Lump Sum Pension/Retirement/Keogh/401(k) Account, etc. If yes, list source/bank names & addresses or contact info on next page: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Need documentation \$ _____ \$ _____	Name on account
16. Y N	Whole Life Insurance Policy. If yes, how many policies ____ List sources: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Need documentation \$ _____ \$ _____	Name on account
17. Y N	Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____	Need current documentation \$ _____ \$ _____	

PLEASE ALSO INCLUDE A COPY OF THE FOLLOWING:

- 1) Copy of most recent property tax bill
- 2) Copy of your homeowner's insurance policy
- 3) Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments
- 4) Copy of your most recent Federal Income Taxes along with any schedules. If you do not file taxes, please sign here: _____

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE. Read and initial statements below:

- I understand the Housing Rehab funds are offered as a loan payable upon resale or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note that I can pay any or all of the balance any time prior to resale of transfer of property.
- I understand the City of Evansville will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on the inspection, the City of Evansville reserves the right to deny funding.
- I understand I must carry homeowner's insurance on the property and keep the policy in force during the life of the loan. I also understand that I am required to supply proof of insurance annually, any changes in insurance, and confirm annually that this is my primary residence.
- I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry severe criminal and civil penalties.
- I authorize the City of Evansville to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine my eligibility.
- I authorize and direct all custodians of my records, including my insurance company, employer, and public or private agency, bank, financial institution, or credit data service to release information to the City of Evansville
- Failure to comply with these conditions could result in the withdrawal of the City of Evansville participation or the recall of the full amount of the City of Evansville loan plus interest.
- I understand there is a \$50 - \$100 fee for a title search, a \$30 fee to record your mortgage and \$525 in project review fees. These fees are included in the loan.
- I understand if a loan closing has not been done for my project within 12 months of the income verification, my income will need to be re-verified to ensure I still income qualify.
- I understand that if the awarded bid is \$50,000 or more, my project will need approval from the Department of Administration.

CONFLICT OF INTEREST

Do you have any family or business ties to any of the following people? Yes _____ No _____

Dianne Duggan, Mayor	Cory Neely, Alderperson
Jim Brooks, Alderperson	Erika Stuart, Alderperson
Gene Lewis, Alderperson	Ben Ladick, Alderperson
Susan Becker, Alderperson	Ben Corridon, Alderperson
Joy Morrison, Alderperson	Colette Spranger, Community Development Director
Darnisha Haley, City Clerk	Jason Sergeant, City Administrator
Kari Justmann, Housing Team Leader	Susan Maier, Housing Program Administrator
Hannah Fahrenbruch, Housing Assistant	

If yes, disclose the nature of the relationship:

Names of covered person	

APPEAL PROCESS

Any applicant may appeal the decision of the CDBG Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request to the Program Administrator. If the applicant appeals the Program Administrator's decision, the CDBG Housing Committee will review the appeal. If the applicant would like to appeal the CDBG Housing Committee's decision, the applicant may appeal to DOA/DEHCR. DOA/DEHCR will review for consideration and a written response will follow to the applicant. DOA/DEHCR's determination on the appeal is final.

Homeowner Rehabilitation Process Overview

Read each item below. If you have questions, please contact the program administrator. Read and sign below.

1. Homeowner submits an application along with all documents required for processing. Application will not be processed until all of the required documentation has been submitted to the program administrator.
2. Administrator determines if the homeowner is income eligible. Verification of all income and assets will be completed via third party or check stubs and statements and income taxes. Income includes gross income plus interest or earnings from any type of asset such as savings, checking, investment accounts, bonds, other property, etc.
3. Administrator determines if the property is eligible. The administrator will take into consideration the following items:
 - How much equity you have in your property by looking at how much you owe on the property compared to the estimated fair market value that is listed on the property tax statement.
 - Mortgage balance(s) and whether you are current in making payments.
 - Confirm that property taxes are paid. All applicants with delinquent property taxes must satisfy that debt before any loan is approved. Emergency loans may be an exception.
 - The applicant is responsible for clearing any liens, judgments, title ownerships or payment of taxes in order to proceed.
 - Properties must be owner occupied and must be the owner's principal place of residence.
 - If there is a land contract, the land contract holder must sign the loan. The land contract must be legally binding and properly recorded.
 - If the occupant has a life estate, all owner(s) of the property must sign the loan.
4. Administrator will request a title search on the property. A title search will confirm ownership and reveal debts against the property. When the title search reveals unusual information, a legal opinion of ownership or financial obligation is requested of legal counsel.
5. Inspection and specification preparation. The inspector meets with the homeowner to inspect the property and determine the eligible rehab. The program requires that repairs that affect the occupant's health and safety must be addressed and all code violations will be given top priority. Other types of repairs cannot be completed unless all health and safety repairs are also addressed. No cosmetic work or new construction is permitted unless the new construction is for overcrowding or handicap accessibility. No work may begin on the project until the mortgage has been signed and recorded and the contract(s) between the homeowner and contractor have been signed. Funds cannot be used to reimburse for work that has already been completed.
6. If the project includes lead-based paint work, soil testing for a septic system, asbestos or mold remediation, additional inspections will be required. These items may require special testing procedures in order to complete the inspection process. These tests will be conducted by a company that is specialized and certified in that area of work.
7. Homeowner to obtain bids for the rehab work. Homeowners are expected to obtain three bids for each area of work. All bids must be mailed, delivered in person, emailed or faxed to the grant administrator.
8. Review of bids and loan approval.
 - Bids reviewed and contractors selected. The homeowner reviews the bids with the program administrator. The homeowner may choose the lowest, responsible and reasonable bid or a bid that is within 10% of the lowest, reasonable and responsible bid. The homeowner may select any contractor he or she chooses, but if he/she does not want to choose the contractor with the lowest bid or the bid within 10% of the lowest bid, the homeowner must escrow the difference at the time the loan is closed.
 - Loan Approval. The administrator will take into consideration the overall condition of your property compared to the estimated fair market value. There must be sufficient equity in the home to cover the existing liens and the home repair loan. If the bids for all the work would have a negative equity effect or exceed 120% of the after rehab value, then some of the repairs may be eliminated from the scope of work. The repairs will be prioritized according to the code violations and health and safety repairs. Those repairs must be completed before the other work will be approved. The administrator will estimate the increase in market value (no more than 30% of the repair costs) as a result of the home repairs and take this into consideration when calculating equity.

